



# KDHE Bureau of Environmental Remediation Site Referral Form

\* Required Information

## Referring Party:

Name\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

Organization\*: \_\_\_\_\_ Program: \_\_\_\_\_

Address\*: \_\_\_\_\_ Phone number\*: \_\_\_\_\_

City/State/Zip\*: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Contamination Information: *Please include a minimum of one location method*

Name of facility/site impacted\*: \_\_\_\_\_

Address: \_\_\_\_\_ Program ID#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Township/Range/Section: \_\_\_\_\_

GPS Coord (decimal degrees): Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Type of property impacted\*: Residential Commercial Industrial Agriculture  
*((Residential includes, parks, schools, daycare, etc.))* Other \_\_\_\_\_

Nature of impact/complaint\* (i.e. contaminant, cause, impacted area, etc.)

Known impacted media\*: Soil Groundwater Surface Water  
*Check all that apply* Indoor Air Sediment

Type of well (if impacted)\*: Public Water Supply Domestic Industrial  
*Check all that apply* Monitoring Irrigation Lawn & Garden  
Depth to Groundwater: \_\_\_\_\_ Other: \_\_\_\_\_ Not Applicable

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### **Analytical Results:**

Contaminant Concentration Exceedances? - Check one box for each category that applies

Yes      No      Unknown

EPA MCL

KDHE RSK

Threshold Effect Concentrations in Sediment

Acute Aquatic Life Criteria in Surface Water

### **Drinking Water Info:** *Check one box for each category that applies, if known*

Number of domestic or public water supply wells within one mile?      Unknown      0      1-25      >25

\* Distance to nearest domestic or public water supply well?      <0.5 mile      0.5-1 mile      >1 mile

Site located within a known Kansas aquifer?      Yes      No      Unknown

### **Residential Info:** *Check one box for each category that applies, if known*

Is a residence within 100' of known groundwater contamination?      Yes      No      Unknown

Is a residence within 200' of known soil contamination?      Yes      No      Unknown

Number of residences within 1/4 mile of soil contamination?      0      1-10      >10

### **Surface Water Intake Info:** *Check one box for each category that applies, if known*

Nearest downstream drinking water surface intake?      <1 mile      1-5 miles      >5 miles      Unknown

\* Is the drinking water surface water intake impacted?      Yes      No      Unknown

### **Attach Supporting Information:**



Please attach any pertinent maps, reports, photos, analytical results, etc. (see imbedded instructions).

*When the form is completed and corresponding files have been attached, please click on the submit button. The form will automatically be emailed to Bob Jurgens, BER Assessment & Restoration Section Chief at [bjurgens@kdheks.gov](mailto:bjurgens@kdheks.gov) and Jessica Willis at [jwillis@kdheks.gov](mailto:jwillis@kdheks.gov) (A&R Section Admin Support). Please contact Darryl Morgan at [dmorgan@kdheks.gov](mailto:dmorgan@kdheks.gov) or by phone at 785-296-8065 if you have any questions regarding this form.*